

Patricia Booker

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580353

FILING DATE

APPLICANT(S)

**CLAIMS**

|            | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|------------|----------|------|------------------------------------|------|------------------------------------|------|
|            | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1          |          |      | 1                                  |      |                                    |      |
| 2          |          |      |                                    |      |                                    |      |
| 3          |          |      |                                    |      |                                    |      |
| 4          |          |      |                                    |      |                                    |      |
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| 50         |          |      |                                    |      |                                    |      |
| TOTAL IND. |          | ↓    | 1                                  | ↓    |                                    | ↓    |
| TOTAL DEP. | ←        |      | 4                                  | ←    |                                    | ←    |
| TOTAL      |          |      | 5                                  |      |                                    |      |

|            | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|------------|----------|------|------------------------------------|------|------------------------------------|------|
|            | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51         |          |      |                                    |      |                                    |      |
| 52         |          |      |                                    |      |                                    |      |
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| 88         |          |      |                                    |      |                                    |      |
| 89         |          |      |                                    |      |                                    |      |
| 90         |          |      |                                    |      |                                    |      |
| 91         |          |      |                                    |      |                                    |      |
| 92         |          |      |                                    |      |                                    |      |
| 93         |          |      |                                    |      |                                    |      |
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| 98         |          |      |                                    |      |                                    |      |
| 99         |          |      |                                    |      |                                    |      |
| 100        |          |      |                                    |      |                                    |      |
| TOTAL IND. |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP. | ←        |      | ←                                  |      | ←                                  |      |
| TOTAL      |          |      |                                    |      |                                    |      |